

# City of Fresno Employee Citation Review Form

*Citations older than 21 days are not eligible for this process. Submit form to Parking Services, City Hall, Room 4019.  
Mail Stop FC043*

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Phone: \_\_\_\_\_ Citation Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

This vehicle belongs to:

☐ Self ☐ City of Fresno ☐ Guest ☐ Other (specify): \_\_\_\_\_

Reason for dismissal:

\_\_\_\_\_ Forgot to display permit or permit not displayed correctly *(1x annually per AO 7-1)*

\_\_\_\_\_ Parked in wrong location with permit

\_\_\_\_\_ Attending meeting/training that ran long *(attach supporting docs if available)*

\_\_\_\_\_ Officer error

\_\_\_\_\_ Other

Please provide details below:

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## For Office Use only:

Permit verified: Yes / No    Reviewed photos: Yes / No    Voids in past 12 months \_\_\_\_\_

Approved \_\_\_\_\_ Declined \_\_\_\_\_

Date notification sent: \_\_\_\_\_ Via: *email / interoffice mail*    By: \_\_\_\_\_

Advised of payment or appeal due date? Yes/No    Delinquent date: \_\_\_\_\_

Comments: \_\_\_\_\_

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*I acknowledge that if I am found liable, I have the option to appeal via the San Jose office or pay within 21 days of citation issuance date:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date